

## **MLOCR PROCESSING ACKNOWLEDGMENT FORM**

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I, the undersigned, an authorized representative of	
Company Name	
Address	
City/State/ZIP+4	
Telephone Number	Tax Identification Number (TIN)
Name (Please print)	Title
Signature	Date
do hereby acknowledge that I have received and reviewed the <i>FASTforward</i> Information Package supplied to me by, a <i>FASTforward</i> licensee. I also understand that the sole purpose of the <i>FASTforward</i> service is to provide mailpiece redirection (via re-addressing) due to customer moves for mailpieces that I have submitted to the licensee for mailing.	
FASTforward Licensee	
Business Name (Please print)	
Name (Please print)	Title
Signature	Date
( ) – Telephone Number	Tax Identification Number (TIN)

PAF0CR November 2001